of informing public health research and improving health outcomes. The resources provided in the legislation to the Centers for Disease Control and Prevention, the National Institutes of Health, and State health departments to improve data collection and increase education and awareness is simply the beginning of a longer term solution toward the prevention and reduction of incidences of stillbirth nationwide.

I want to thank Representatives HERRERA BEUTLER, ROYBAL-ALLARD, MULLIN, and CASTOR for their work on this important legislation.

Mr. Speaker, I urge my colleagues to support this bipartisan bill, and I reserve the balance of my time.

Mr. GUTHRIE. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in support of H.R. 5487, the SHINE for Autumn Act of 2021, led by Representatives HERRERA BEUTLER, ROYBAL-ALLARD, MULLIN, and CASTOR.

Each year, about 24,000 babies are stillborn in the United States, according to the Centers for Disease Control and Prevention. Despite medical innovations, stillbirth rates remain relatively unchanged and affect women of different ages and backgrounds.

No family should have to go through such an unthinkable tragedy, and this is, unfortunately, far too common.

H.R. 5487 aims to prevent stillbirth through enhanced research, surveillance, and reporting. Specifically, the bill directs the Department of Health and Human Services to better support States in collecting more complete stillbirth data. It also establishes a National Institutes of Health fellowship program focused on stillbirth research and pathology.

This legislation will help provide much-needed outreach and education on stillbirths, giving healthcare providers additional tools to improve health outcomes for mothers and babies who deserve a fighting chance at life.

Mr. Speaker, I urge my colleagues to support this bill, and I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield 3 minutes to the gentlewoman from Florida (Ms. CASTOR), who is a member of the Energy and Commerce Committee and chair of the Select Committee on the Climate Crisis.

Ms. CASTOR of Florida. Mr. Speaker, I thank Chairman PALLONE for yielding me the time.

Mr. Speaker, here in the United States, we continue to grapple with a maternal and infant health crisis. There are approximately 24,000 stillbirths in the United States each year, and we rank 25th among 49 high-income countries in stillbirth rates.

There are longstanding and persistent racial and ethnic disparities, with Black women experiencing stillbirths at two times the rate of White women.

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So we need real change that will help lead to measurable improvements in health. That is why I was pleased to introduce the Stillbirth Health Improvement and Education for Autumn, or SHINE for Autumn Act, with my colleagues, Representatives HERRERA BEUTLER, ROYBAL-ALLARD, and MULLIN.

Through the bill, we intend to improve the research and data collection on stillbirths. We want to authorize grants for surveillance and data collection. We are going to develop guidelines and educational materials and create a fellowship at NIH to dive deeper into the research.

The bill is named in honor of Autumn Joy, who was stillborn on July 8, 2011. Her mother, Debbie, turned this tragedy into advocacy. She spearheaded the effort to increase stillbirth awareness and education and lower stillbirth rates. And I am proud to help lead the legislation in Autumn's memory.

I want to thank Debbie for her perseverance on behalf of families across America. This heartbreaking loss can happen in any family, and there is so much we still do not know. So this new law, this bill, SHINE for Autumn Act, will help avoid a lot of the tragedy that Debbie, unfortunately, found with the death of her daughter, Autumn.

So I ask my colleagues to support the SHINE for Autumn Act.

Mr. GUTHRIE. Mr. Speaker, I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield such time as she may consume to the gentlewoman from California (Ms. ROYBAL-ALLARD), the prime Democratic sponsor of the bill and the chairwoman of the Appropriations Subcommittee on Homeland Security.

Ms. ROYBAL-ALLARD. Mr. Speaker, I rise in support of H.R. 5487, the Stillbirth Health Improvement and Education for Autumn Act, or the SHINE Act.

For far too long, stillbirth has existed in the shadows of our maternity care system. Yet, each year, in the United States, about 24,000 babies are stillborn. This is more than 10 times as many deaths that occur from Sudden Infant Death Syndrome, yet SIDS is much more recognized and researched than stillbirth.

Due to our failure to invest in stillbirth research, the United States lags behind 181 nations who are more rapidly reducing their stillbirth rates than us. And similar to most adverse maternal and infant outcomes, our minority communities are disproportionately impacted by this heartbreak.

Also, families who experience a stillbirth tragedy are not well-supported by our healthcare system or their communities. This leaves families feeling isolated and unprepared to deal with their tragic loss.

As co-chair of the Congressional Maternity Care Caucus, I am proud to have worked with my co-chair and author of the bill, Congresswoman JAIME HERRERA BEUTLER, and my colleagues, Congresswoman KATHY CASTOR and Congressman MARKWAYNE MULLIN, to introduce the SHINE for Autumn Act this fall.

And I thank Debbie Haine for sharing her family's story of losing Autumn, and for her decade-long crusade to shine a Federal spotlight on this heartbreaking maternal health concern.

The SHINE Act will establish a Perinatal Pathology Fellowship program at the NIH to increase research on stillbirth. It will provide critical resources to Federal and State health departments to improve surveillance and data collection. And it will increase awareness and understanding of this perinatal tragedy by supporting the development of educational materials and guidelines for State and local health departments.

The SHINE Act also directs the Surgeon General to produce a report on stillbirth risk factors and requires the Secretary of HHS to report on the progress and effectiveness of the NIH training programs.

Today, this House has the opportunity to bring stillbirth out of the shadows and to invest in the education and research that will save babies lives.

I am proud to vote ''yes'' on the SHINE for Autumn Act, and I urge my colleagues to support this critical legislation.

Mr. GUTHRIE. Mr. Speaker, I am prepared to close.

This is an important bill. I can't imagine what Autumn's mother has gone through; what so many families have gone through with the stillbirth of their child. I encourage all my colleagues to vote for this bill, and I yield back the balance of my time.

Mr. PALLONE. Mr. Speaker, I urge support for this critical legislation, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 5487, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. WEBER of Texas. Mr. Speaker, on that I demand the yeas and nays.

The SPEAKER pro tempore. Pursuant to section 3(s) of House Resolution 8, the yeas and nays are ordered.

Pursuant to clause 8 of rule XX, further proceedings on this motion are postponed.

EARLY HEARING DETECTION AND INTERVENTION ACT OF 2021

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5561) to reauthorize a program for early detection, diagnosis, and treatment regarding deaf and hard-of-hearing newborns, infants, and young children, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5561

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Early Hearing Detection and Intervention Act of 2021''.

SEC. 2. REAUTHORIZATION OF PROGRAM FOR EARLY DETECTION, DIAGNOSIS, AND TREATMENT REGARDING DEAF AND HARD-OF-HEARING NEWBORNS, INFANTS, AND YOUNG CHILDREN.

Section 399M(f) of the Public Health Service Act (42 U.S.C. 280g–1(f)) is amended—

(1) in paragraph (1), by striking ''$17,818,000 for fiscal year 2018, $18,173,800 for fiscal year 2019, $18,628,145 for fiscal year 2020, $19,056,592 for fiscal year 2021, and $19,522,758 for fiscal year 2022'' and inserting ''$17,818,000 for each of fiscal years 2022 through 2026'';

(2) in paragraph (2), by striking ''$10,800,000 for fiscal year 2018, $11,026,800 for fiscal year 2019, $11,302,470 for fiscal year 2020, $11,562,427 for fiscal year 2021, and $11,851,488 for fiscal year 2022'' and inserting ''$16,000,000 for each of fiscal years 2022 through 2026''; and

(3) in paragraph (3), by striking ''fiscal years 2011 through 2015'' and inserting ''fiscal years 2022 through 2026''.

SEC. 3. GAO STUDY ON STATE EARLY HEARING DETECTION AND INTERVENTION PROGRAMS.

(a) IN GENERAL.—The Comptroller General of the United States shall conduct a study reviewing State early hearing detection and intervention (in this section referred to as ''EHDI'') programs. Such study shall—

(1) analyze how information collected through such programs informs what is known about EHDI activities to ensure that newborns, infants, and young children have access to timely hearing screenings and early interventions, including information on any disparities in such access;

(2) analyze what is known about how parents use State EHDI websites to seek health and programmatic guidance related to their child's hearing loss diagnosis; and

(3) identify efforts and any promising practices of the Centers for Disease Control and Prevention, the Health Resources and Services Administration, the National Institute on Deafness and Other Communication Disorders, and State EHDI programs—

(A) to address disparities in outreach for, or access to, timely hearing screenings and early interventions; and

(B) to ensure that EHDI follow-up services are communicated and made available to medically underserved populations, including racial and ethnic minorities.

(b) REPORT.—Not later than two years after the date of the enactment of this Act, the Comptroller General shall—

(1) complete the study under subsection (a) and submit a report on the results of the study to—

(A) the Committee on Energy and Commerce of the House of Representatives; and

(B) the Committee on Health, Education, Labor, and Pensions of the Senate; and

(2) make such report publicly available.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Kentucky (Mr. GUTHRIE) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 5561.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New Jersey?

There was no objection.

Mr. PALLONE. Mr. Speaker, I yield myself such time as I may consume.

Over the last 20 years, we have been very successful in addressing one of the most common birth defects affecting America's children, congenital hearing loss. Children with this condition are born with hearing loss and are at risk for delays in speech, language, social, and emotional development. Fortunately, early detection and intervention is highly effective in preventing these adverse effects.

Since the year 2000, Congress has passed and subsequently reauthorized Early Hearing Detection and Intervention programs, also known as EHDI programs; and these programs support State and territory programs and systems of care to identify and support children who are deaf or hard of hearing. As a result of these EHDI programs, early hearing loss screening, diagnosis, and treatment services have greatly increased over the last 20 years.

Consider that before 1993, only 1 in 10 newborns were screened for hearing loss. Recent data indicates that today, 97 percent of all infants are screened within the first month of their lives; 77 percent of infants receive audiological evaluations and diagnosis by 3 months of age; and 70 percent of infants were enrolled in early intervention services before 6 months of age. These are remarkable achievements that help ensure all children with hearing loss have the same opportunities as children who can hear.

So today, we are considering a bill that will help us build on these achievements. H.R. 5561, the Early Hearing Detection and Intervention Act of 2021, would extend funding for the EHDI programs for 5 years through fiscal year 2026. This legislation will ensure that these services continue to be available for children that are deaf or hard of hearing.

I want to commend our Health Subcommittee Ranking Member GUTHRIE for his leadership on this bill. I urge all my colleagues to support it.

Mr. Speaker, I reserve the balance of my time.

Mr. GUTHRIE. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in support of my bill, H.R. 5561, the Early Hearing Detection and Intervention Act, which is also co-led by my Energy and Commerce Committee colleague, Representative MATSUI.

Hearing loss in children continues to be all too prevalent in the United States. According to recent Centers for Disease Control and Prevention data, almost 15 percent of children ages six to 19 experience either low or high-frequency hearing loss in one or both ears.

The Early Hearing Detection and Intervention program, administered through CDC and the Health Resources and Services Agency, has helped providers to quickly identify babies and young children who are born deaf or hard of hearing, which has led to improved health outcomes and brought hope to so many families.

H.R. 5561 reauthorizes Federal support for these important statewide programs that promote early detection, diagnosis, and treatment of deaf and hearing impaired newborns, infants, and young children through 2026.

My bill will redouble our efforts to truly open the world of communication to children experiencing hearing loss. I urge my colleagues to support this bill.

Mr. Speaker, I have no further speakers, and I yield back the balance of my time.

Mr. PALLONE. Mr. Speaker, I urge support for this bill on a bipartisan basis, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 5561, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. WEBER of Texas. Mr. Speaker, on that I demand the yeas and nays.

The SPEAKER pro tempore. Pursuant to section 3(s) of House Resolution 8, the yeas and nays are ordered.

Pursuant to clause 8 of rule XX, further proceedings on this motion are postponed.

IMPROVING THE HEALTH OF CHILDREN ACT

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5551) to amend title III of the Public Health Service Act to reauthorize the National Center on Birth Defects and Developmental Disabilities, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5551

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Improving the Health of Children Act''.

SEC. 2. REAUTHORIZATION OF THE NATIONAL CENTER ON BIRTH DEFECTS AND DEVELOPMENTAL DISABILITIES.

Section 317C of the Public Health Service Act (42 U.S.C. 247b–4) is amended—

(1) by striking subsection (a)(4) and inserting the following:

''(4) SPECIFIC PROGRAMS.—The Secretary, acting through the Director of the Center, shall continue to carry out programs related to—

''(A) early identification of developmental delay and disability;

''(B) birth defects;

''(C) folic acid;

''(D) cerebral palsy;

''(E) intellectual disabilities;

''(F) child development;

''(G) newborn screening;

''(H) autism;

''(I) fragile X syndrome;

''(J) fetal alcohol spectrum disorders and other conditions related to prenatal substance use;

''(K) pediatric genetic disorders;

''(L) neuromuscular diseases;

''(M) congenital heart defects;

''(N) attention-deficit/hyperactivity disorder;

''(O) stillbirth;

''(P) Tourette Syndrome; or

''(Q) any other relevant disease, disability, disorder, or condition, as determined the Secretary.'';

(2) in subsection (c), in the matter preceding paragraph (1), by striking ''Not later than February 1'' and all that follows through ''2 fiscal years—'' and inserting the following: ''The Secretary shall submit biennially to the Committee